



## North Carolina Department of Health and Human Services

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August 31, 2006

### MEMORANDUM

TO: Legislative Oversight Committee  
Local CFAC Chairs  
NC Council of Community Programs  
County Managers  
State Facility Directors  
LME Board Chairs  
Advocacy Organizations  
MH/DD/SAS Professional and Stakeholder Organizations  
Commission for MH/DD/SAS  
State CFAC  
NC Assoc. of County Commissioners  
County Board Chairs  
LME Directors  
DHHS Division Directors  
Provider Organizations

FROM: Allen Dobson, MD *LAD mb*  
Mike Moseley *MM lw*

SUBJECT: Enhanced Services Implementation Update #15: CAP-MR/DD and Targeted Case Management (TCM) Services Authorization through ValueOptions

We have been closely monitoring the authorizations timelines and the quality of the requests for authorization of existing and new mental health and substance abuse services. As a result, we are aware of the issues that have occurred as we move to the new prior authorization process and the transfer of authorizations from the LMEs to ValueOptions (VO). Despite these challenges, we are moving forward with our original announcement regarding the transition date for CAP-MR/DD and targeted case management authorizations. Based upon our experiences with the implementation of mental health and substance abuse services, we have established a stronger infrastructure to handle the volume of requests.

Effective September 1<sup>st</sup>, the transfer of CAP-MR/DD services and TCM services from the LME will begin for new recipients and for the authorization of the Continued Need Reviews (CNRs). CNRs and cost revisions must be submitted to VO by the 10<sup>th</sup> of the recipient's birthday month. For recipients whose birthdays do not fall between 9/1/06 and 1/31/07 the discreet waiver services and TCM will need to be submitted to ValueOptions by 1/15/07 for review and authorization. The discreet waiver services include Day Supports, Home and Community Supports, Personal Care Services, Residential Supports, Respite, and Supported Employment.

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As we have expressed in previous communications, our first and foremost commitment is to make sure that consumers continue to receive services. If a provider is providing services with an authorization by a LME and has submitted a request to VO for approval, it is critical that the provider not stop services if the provider has not heard from VO. Providers should continue to provide services, following all documentation requirements and other Medicaid requirements. As long as the appropriate request information is submitted to VO within the established timelines, there will not be a gap in the authorization currently being used and the VO authorization. We will not permit the September 1 date to be the critical factor. The critical components for providers are: there is a current authorization and the provider has submitted to VO a complete package requesting authorization. The provider is not at risk as long as these two components have been met and all other Medicaid rules have been followed. Any denial will have as an effective date the date the provider and consumer or the consumer's legal representative is notified.

As mentioned in the July 10<sup>th</sup>, Update #11 memo, it is critical that a complete package is submitted to VO. Please see the *Authorization of TCM and CAP-MR/DD Services through Value Options* grid dated July 25, 2006 on the DMH/DD/SAS website for clarification on what documents need to be submitted to VO.

Providers will receive a fax confirmation from VO once the request for authorization is received. The provider's fax machine must have the receipt feature enabled in order to receive the confirmation. If a provider has not received a confirmation, but has submitted a request, the provider should contact VO via phone or email. The provider should not resend any information until receiving direction from VO.

As person centered plans, the CNRs and other requests are developed, please be mindful of EPSDT. Children under the age of 21, with MR/DD, may be eligible for EPSDT if the service being requested can correct or ameliorate the condition. Those services, if approved may also be provided in the school setting under certain conditions. It is important to remember that regular Medicaid or EPSDT can not be used to take the place of the duties and responsibilities of the school or pay for educational goals and objectives.

If you have any questions concerning these matters, please contact Carol Robertson ([carol.robertson@ncmail.net](mailto:carol.robertson@ncmail.net)) or Tara Larson ([tara.larson@ncmail.net](mailto:tara.larson@ncmail.net)) at DMA.

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